

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Fubber Bryan

CERTIFICATE OF DEATH

Town Died at	County	MARYLAND			
Gloversy	Mary				
Date of death 1909 Sept	Month 19	Day Age 19	Years	Months	Days
Sex Female	Color or Race	white	Birth place	Gloversy Md	
Occupation Housewife	Where Residing if not at place of death				
Married, Single or Widowed Mr.	Name of Wife or Husband Alice Bryan				
Father's Name Granville Harding	Father's Birthplace Spencer Hill Md				
Mother's Maiden Name Kate Williams	Mother's Birthplace Baltimore Md				
Name of person giving Information Alice Bryan	How related to deceased Husband				

CAUSES OF DEATH

29

✓

How long

2 years

How long

2 days

Primary

Tuberculosis of Bowels

Immediate

Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

yes

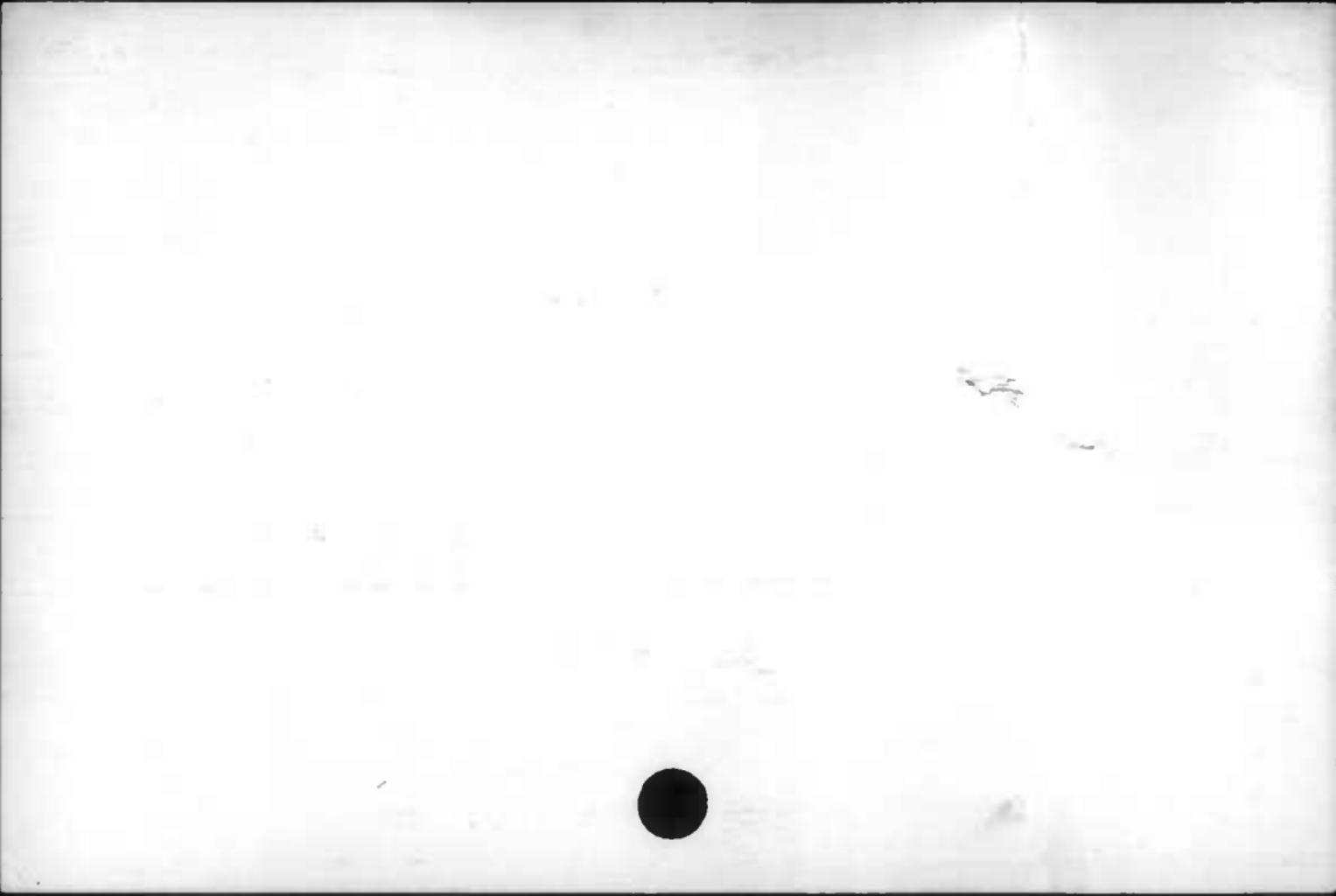
Signature of  
Physician

Address

J. R. Battin  
Spencerville  
Md



Accident or Suicide



Name  
in  
Full

Ralph Burton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Month

Day

County

MARYLAND

Date  
of death

1909

9

28

Years

Months

16.

Age

Sex

Male

Color or  
Race

White

Birth-  
place

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Chas. B. Howard

Father's  
Birthplace

Ash.

Mother's  
Maiden Name

Adalade M. Small

Mother's  
Birthplace

Ald.  
Father

Name of person giving  
Information

Chas. B. Howard

How related  
to deceased

Primary

Auto Intoxication  
Exhaustion

55

How long

Holiday  
12 hours

Immediate

yes

Signature of  
Physician

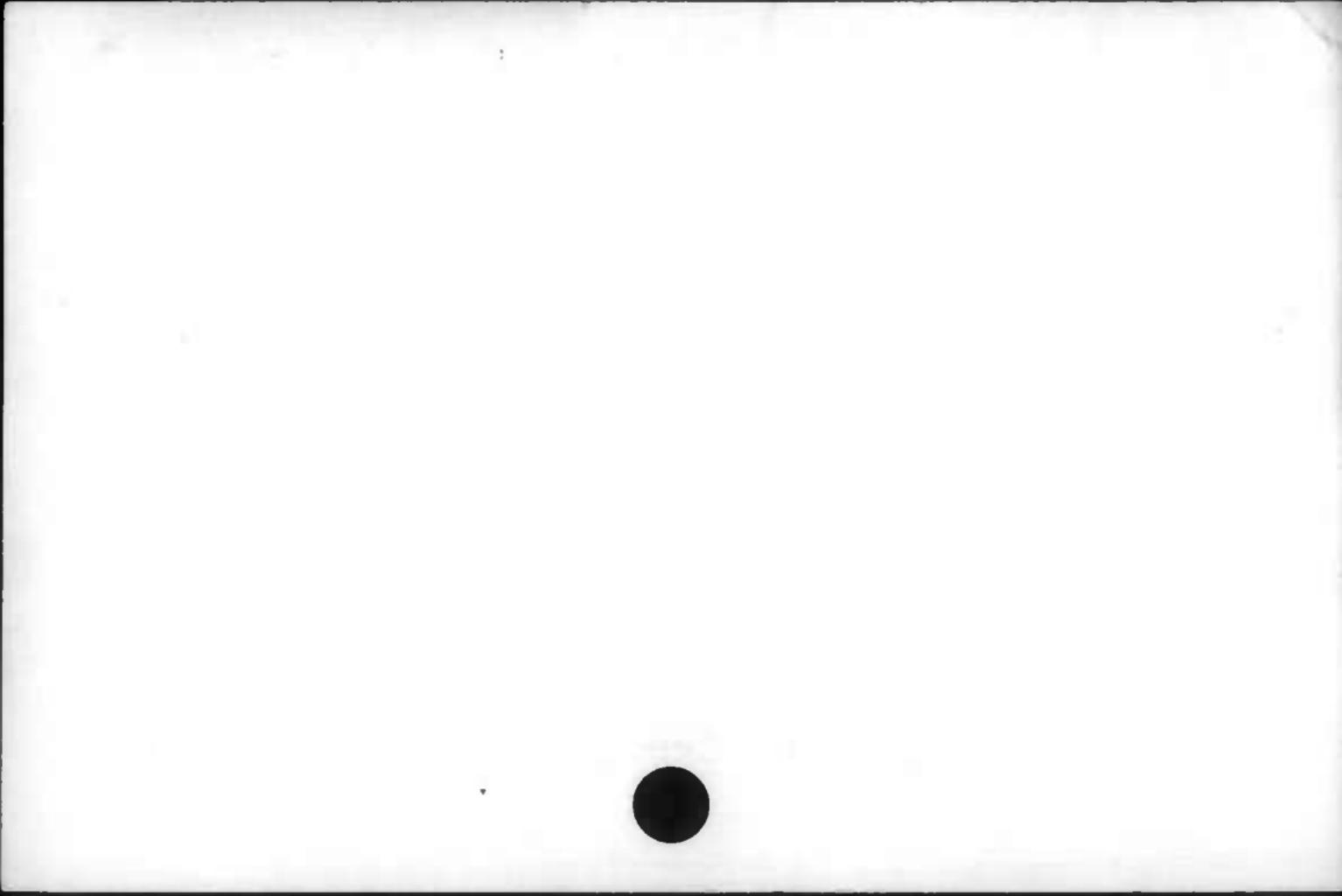
Address

E. G. Edelhison  
Washington  
DC

PHYSICIAN  
OR CORONER

Are the name, age, sex, color,  
date and place correctly given above?

Accident or Suicide



Name  
in  
Full

Kewriella Campbell

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	John Campbell			
Father's Name	Not Known				
Mother's Maiden Name	Not Known				
Name of person giving Information	Perry T. Russell				

CAUSES OF DEATH

120

How long

About one year  
How long

PHYSICIAN  
OR CORONER

Primary Bright's disease

Immediate Asthma

Are the name, age, sex, color, date and place correctly given above?

Yes

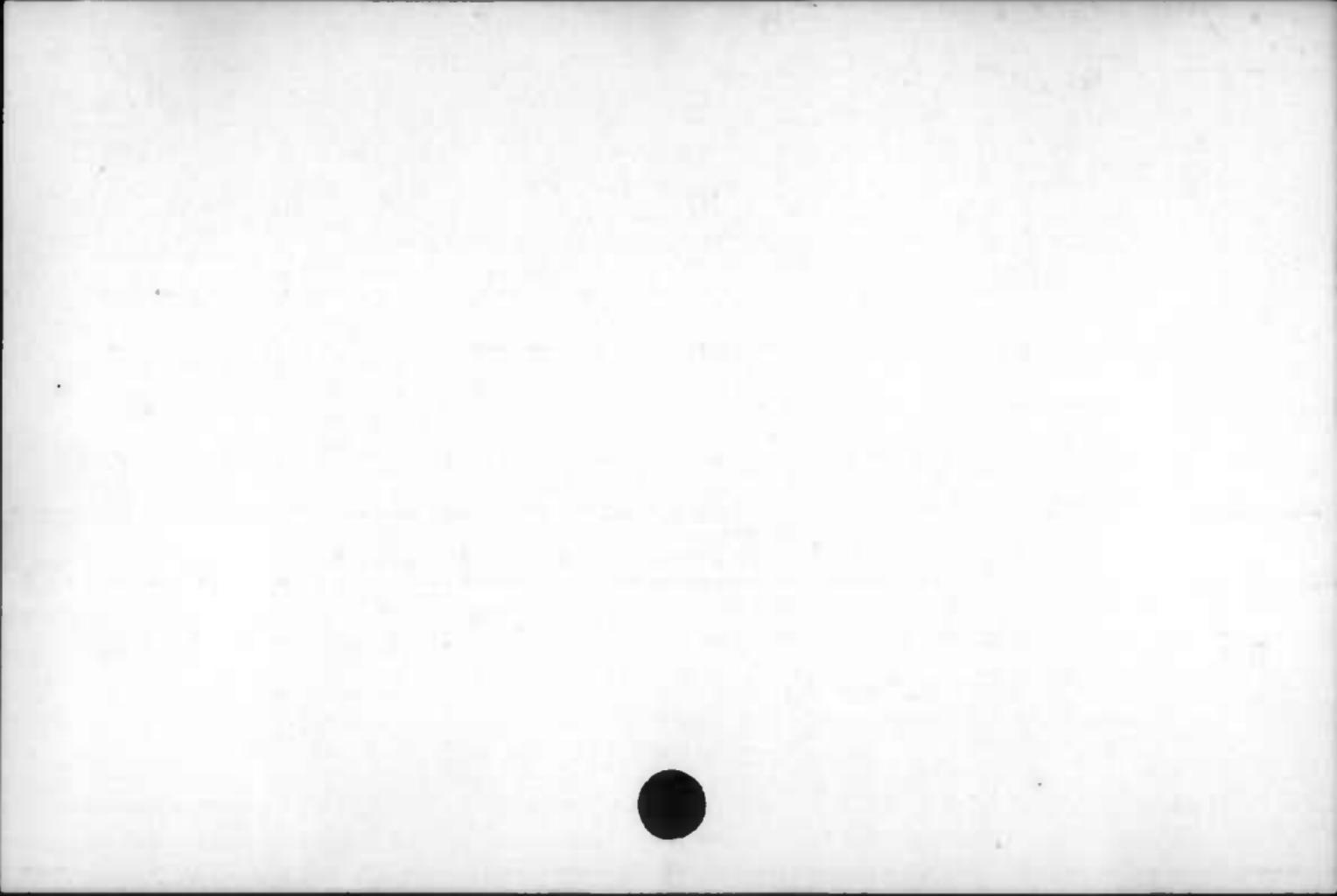
Signature of Physician

Address

Chas. Farquhar,

Olney,  
Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Hilburn Day			
Father's Name	Ba	Beall	Father's Birthplace		
Mother's Maiden Name	Matilda Mark	Mother's Birthplace			Not
Name of person giving Information	James E. Day	How related to deceased			Son

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary

Senile debility

How long

3 mo

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

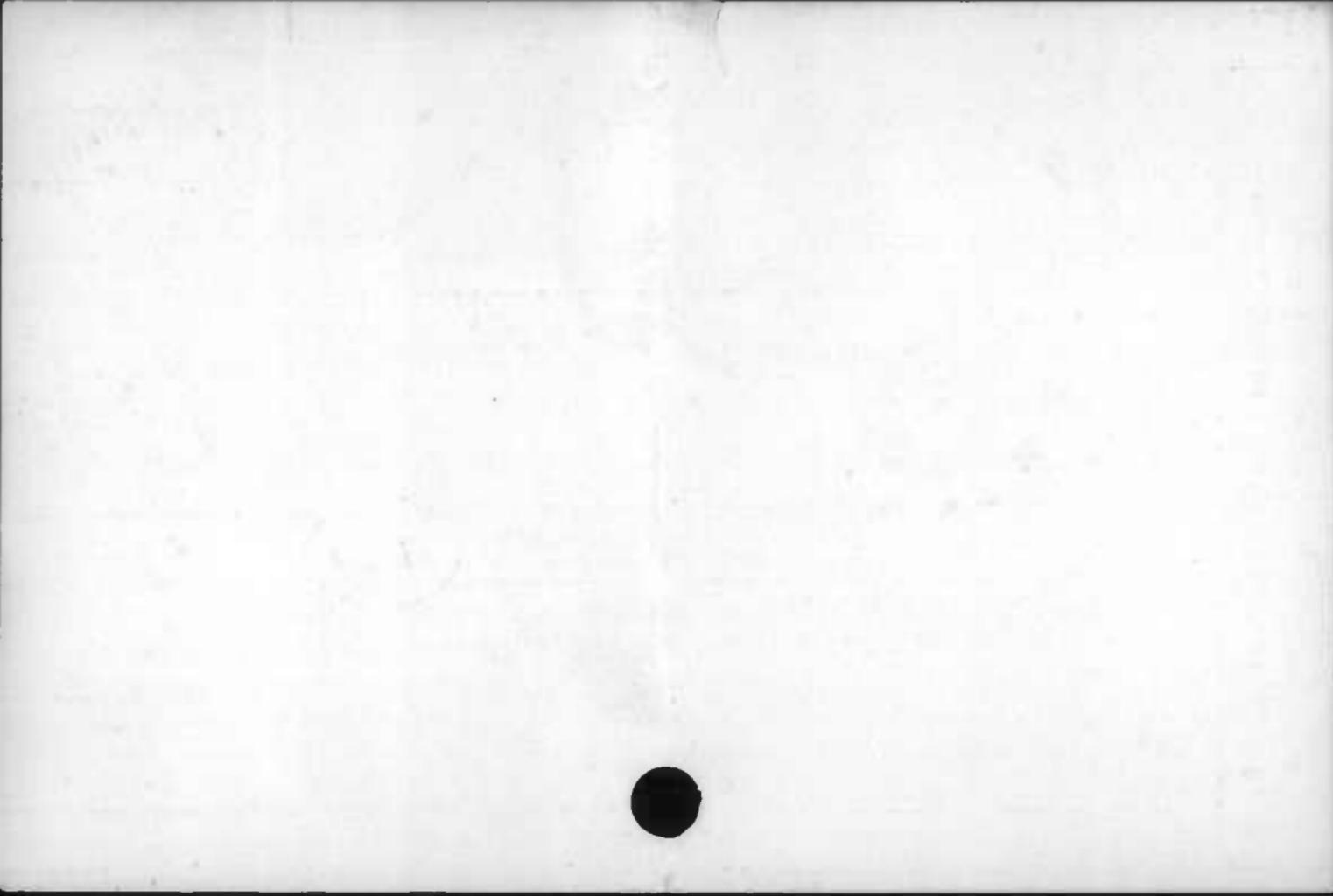
Address

R. G. Fout  
Dempflocn

Md.

Accident or Suicide?

Peace Sub poe



Name  
in  
Full

Mary E. Gilliss

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Potowmack

County

Montgomery

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

SEP 27 1909

Age

Sex

Color or  
Race

White

Birth-  
place

Montgomery Co. Md.

Occupation

Female

Infant

Where Reclining if not  
at place of death



Married, Single  
or Widowed

Single

Name of Wife or  
Husband



Father's  
Name

Joseph Edward Gilliss.

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Emily M. Chapman

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Joseph E. Gilliss.

How related  
to deceased

Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bronchitis

92



How long

13 days.

Immediate

Bronchitis pneumonia

How long

3 days.

Are the name, age, sex, color, date  
and place correctly given above?

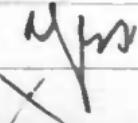
Signature of  
Physician

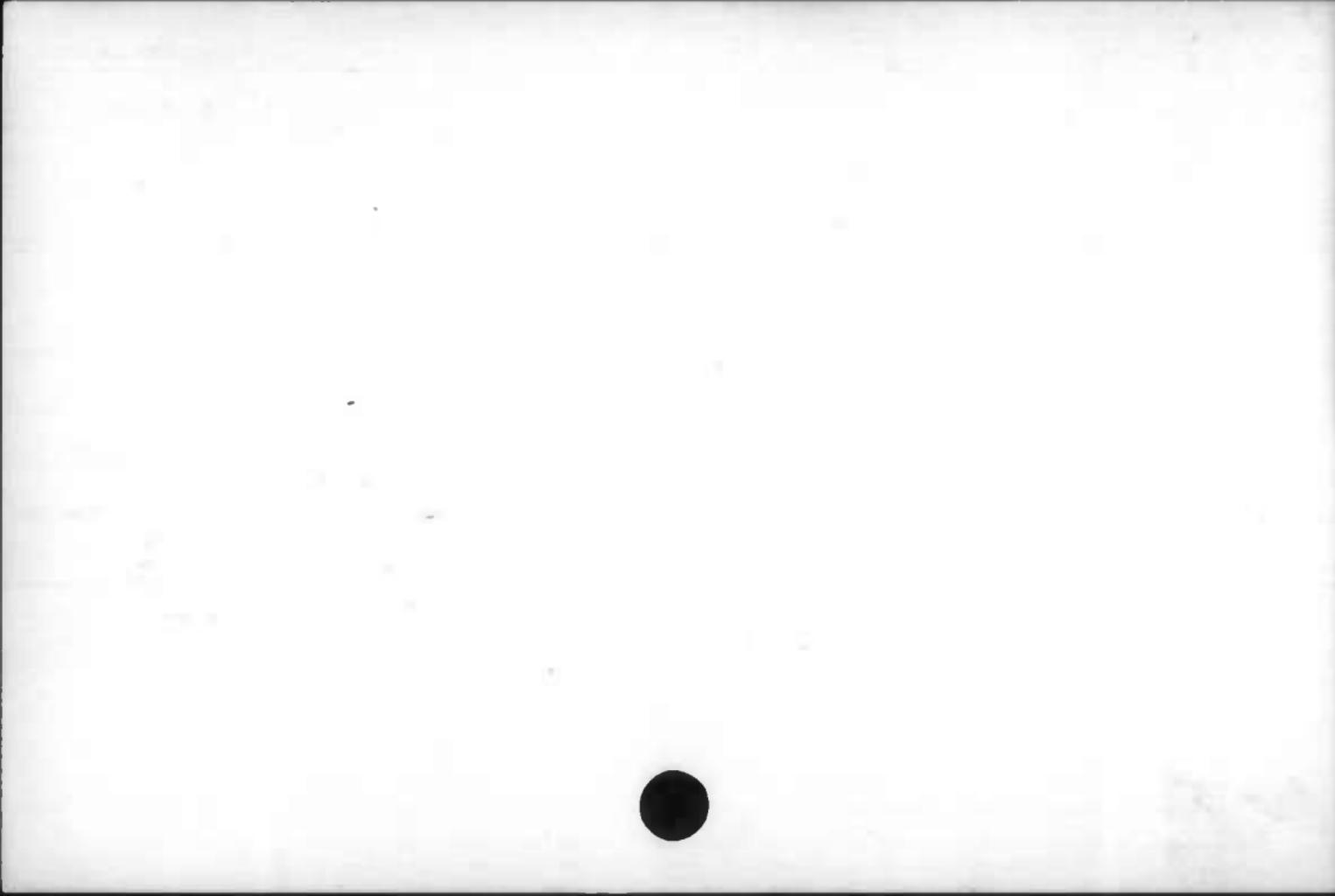
Address

M. J. Pratt

Potowmack, Md.

Accident or Suicide





Name  
in  
Full

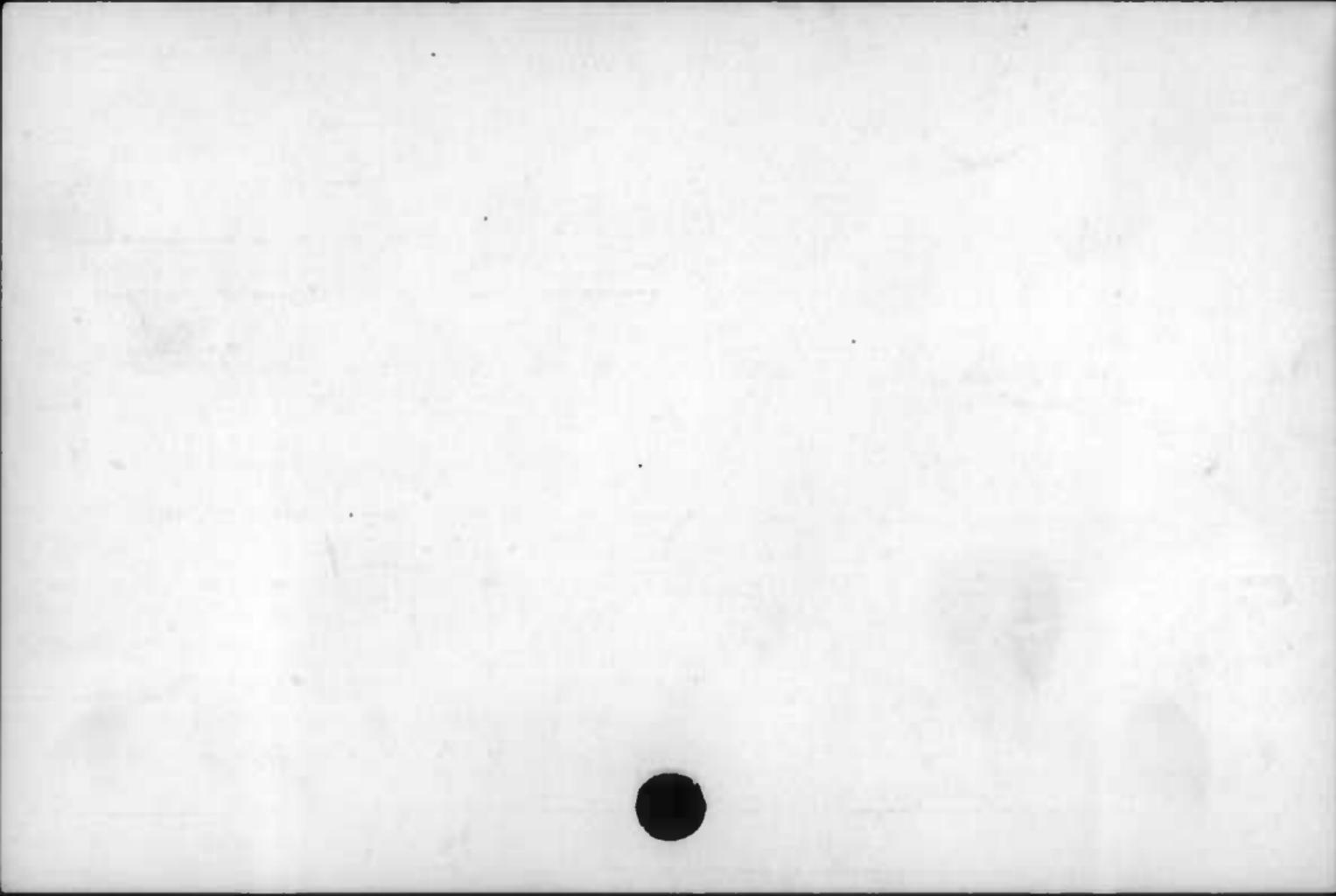
Samuel Sticks

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Rockville		Town	County Montgomery		MARYLAND	
Date of death 1909	Month Sep	Day 30	Age 21	Years	Months	Days
Sex male	Color or Race black	Birth-place Md				
Occupation farm hand	Where Residing if not at place of death					
Married, Single or Widowed single	Name of Wife or Husband					
Father's Name Frank Sticks					Father's Birthplace Md	
Mother's Maiden Name Cettie Burworth					Mother's Birthplace Md	
Name of person giving information Savvy Tresson					How related Sister	to deceased
CAUSES OF DEATH						
Primary	Diphtheria		In convulsions		27	✓
Immediate	Diphtheria		In convulsions		9 mors	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		How long	
J			A. H. Henderson		9 mors	
Accident or Suicide? No			Address		Rockville	



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Edward Hupper  
Rose Hupper  
Unnamed Baby 1  
Dawsonville MD

CERTIFICATE OF DEATH

MARYLAND

Town County  
Died Dawsonville Montg Month Days  
Date of death 1909 Month Day Years Month Days  
9 9 27 8 -

Sex Female Color or Race white

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Edward Hupper

Father's Birthplace

Fredrick Md

Mother's Maiden Name

Rosa Miles

Mother's Birthplace

Maryland

Name of person giving Information

Edward Hupper

How related to deceased

Father

CAUSES OF DEATH

Primary

Inanition

151

✓

How long

3 mo.

Immediate

Asthma

How long

-

Are the name, age, sex, color, date and place correctly given above?

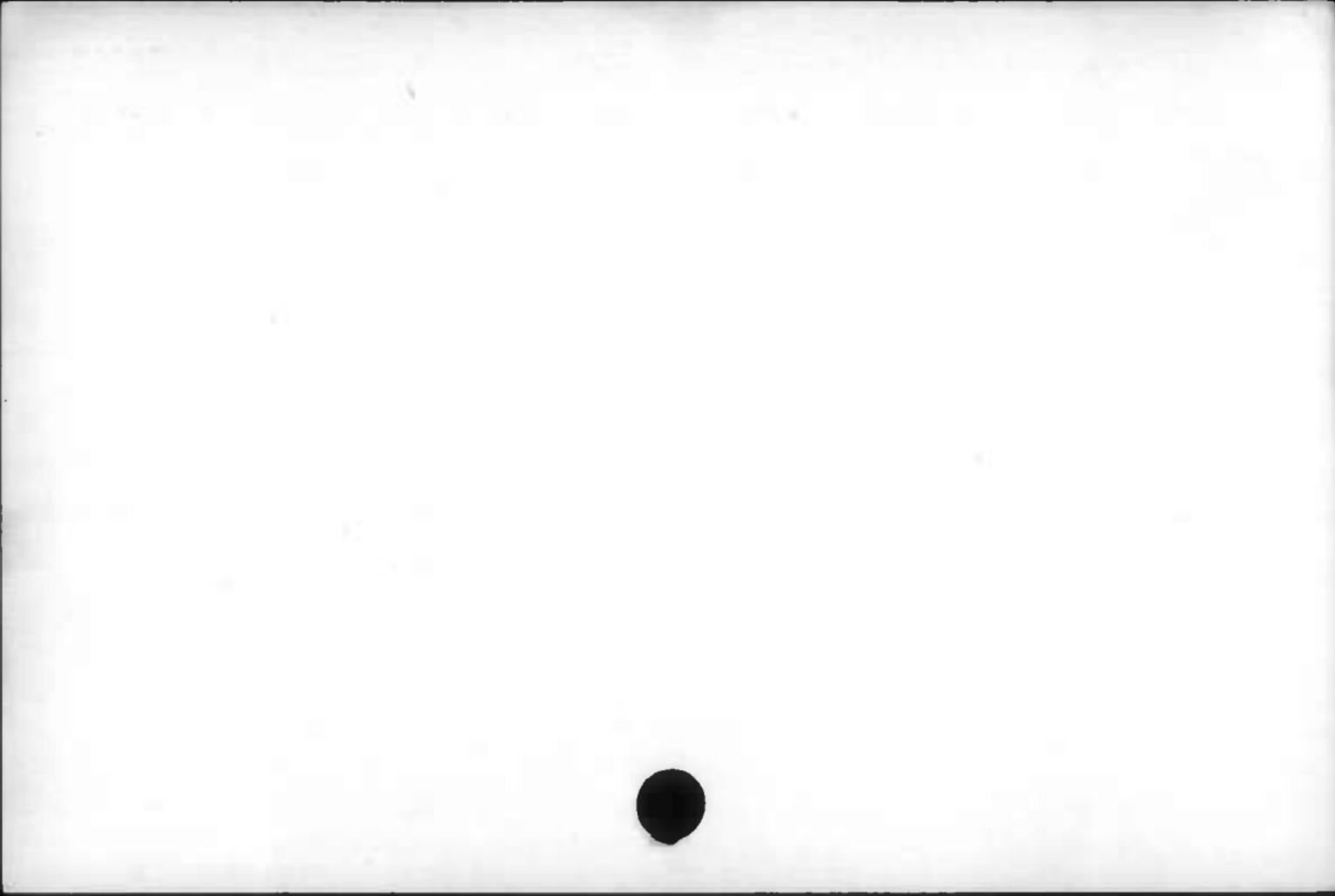
yes

Signature of Physician

Address

U.D. House  
Dawsonville Md.

Accident or Suicide



Name  
in  
Full

Arthur Vernon Jenkins

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	none			
Father's Name	none			Father's Birthplace	Va
Mother's Maiden Name	none			Mother's Birthplace	"
Name of person giving information	"	"	How related to deceased		

CAUSES OF DEATH

105

How long

✓  
6 days.

PHYSICIAN  
OR CORONER

Primary

Enter. Colitis

Immediate

Are the name, age, sex, color, date and place correctly given above?

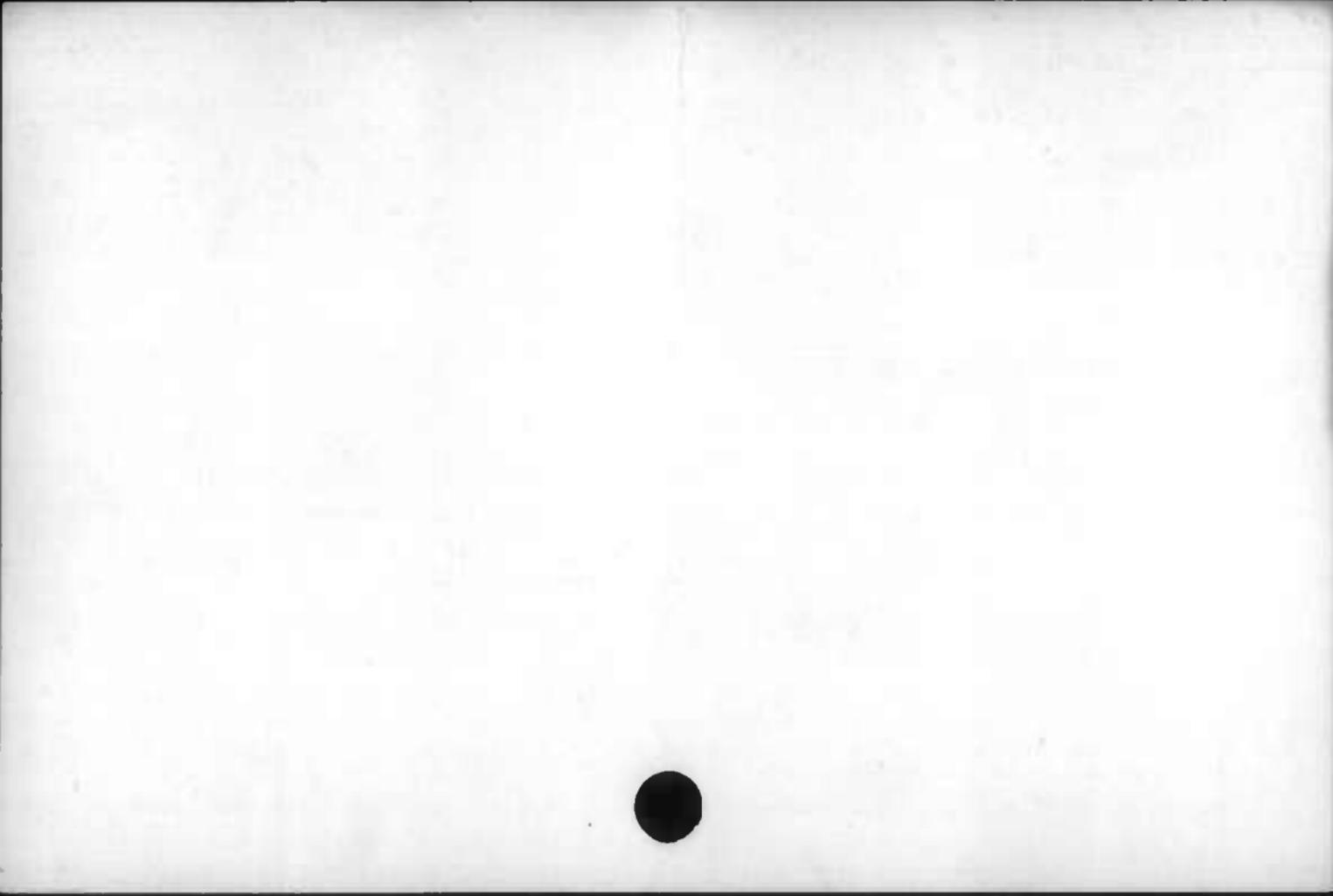
Yes.

Signature of Physician

Address

W. J. Brown  
Silver Spring

Accident or Suicide?



Name  
in  
Full

Emma L Johns

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Otterbourne County Montgomery  
Died at Otterbourne Month Sept. Day 7 Age 61 Years 1909  
Date of death 1909 Months 3 Days 12  
Sex Female Color or Race White Birthplace Pennsylvania  
Occupation Retired Where Residing if not at place of death  
Married, Single or Widowed ✓ Name of Wife or Husband  
Father's Name Robert H Johns Father's Birthplace Pa  
Mother's Maiden Name Sarah Dorch Mother's Birthplace Unknown  
Name of person giving Information

PHYSICIAN  
OR CORONER

Primary

Cancer of breast

CAUSES OF DEATH

Immediate

Are the name, age, sex, color, date and place correctly given above?

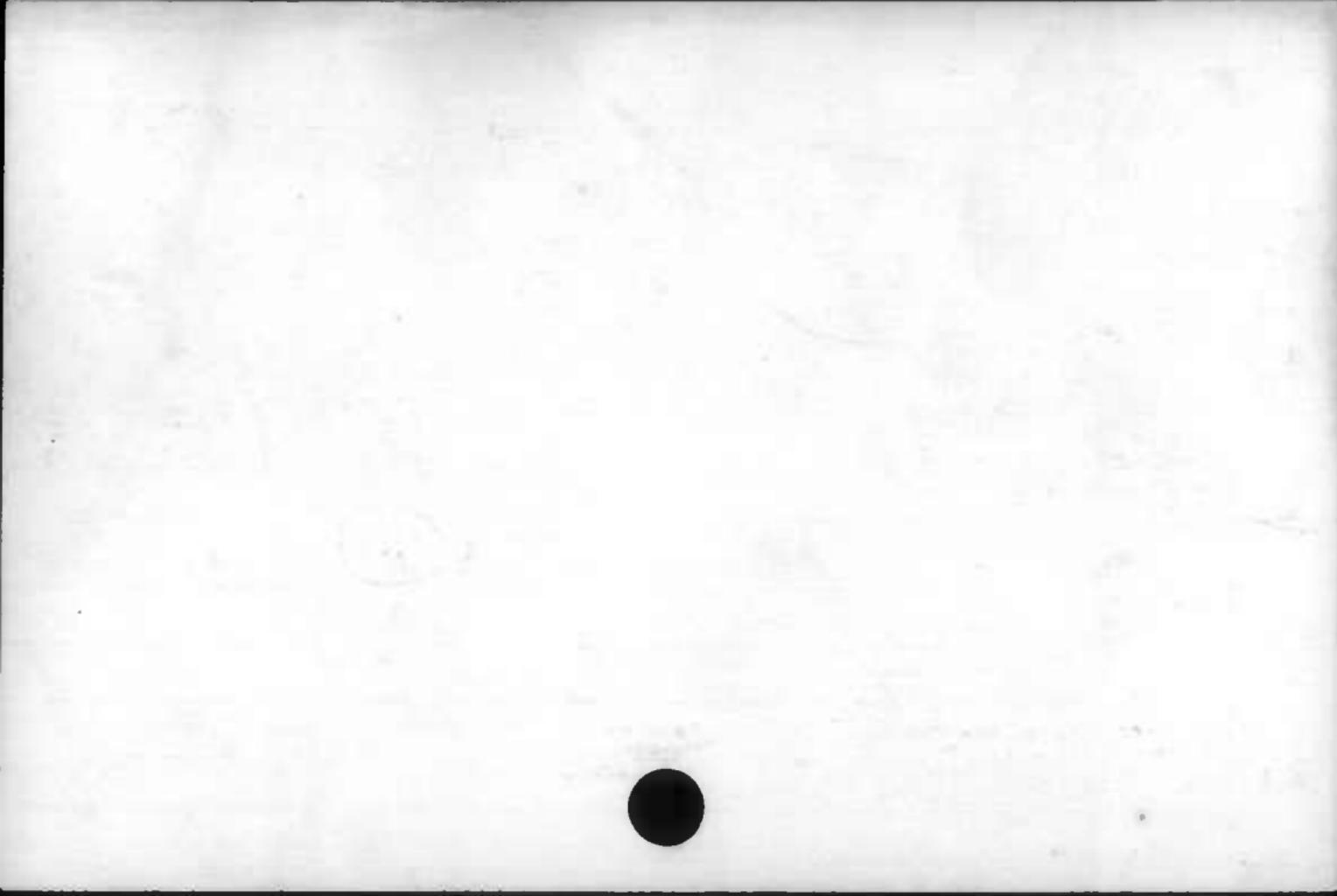


Accident or Suicide

Signature of Physician

Address

Roy Adams.  
926-17th Street  
Washington D.C.



Name  
in  
Full

Benjamin Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County		
Died at Colerwill	Montgomery		
Date of death 1909	Month Sept	Day 1	Years Age 83
Sex Male	Color or Race Black	Months Days	
Occupation Farmer	Where Residing if not at place of death Montgomery Co Md		
Married, Single or Widowed	Name of Wife or Husband Jennie Johnson	Father's Birthplace Montgomery Co Md	
Father's Name Johnson	Mother's Birthplace Montgomery Co Md		
Mother's Maiden Name Sharlet	Husband's Birthplace Montgomery Co Md		
Name of person giving information George Smith	How long married to George Smith in years 1 year		

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary General debility

Immediate Heart failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician  
J. R. Batson

Address  
Colerwill

Accident or Suicide

154

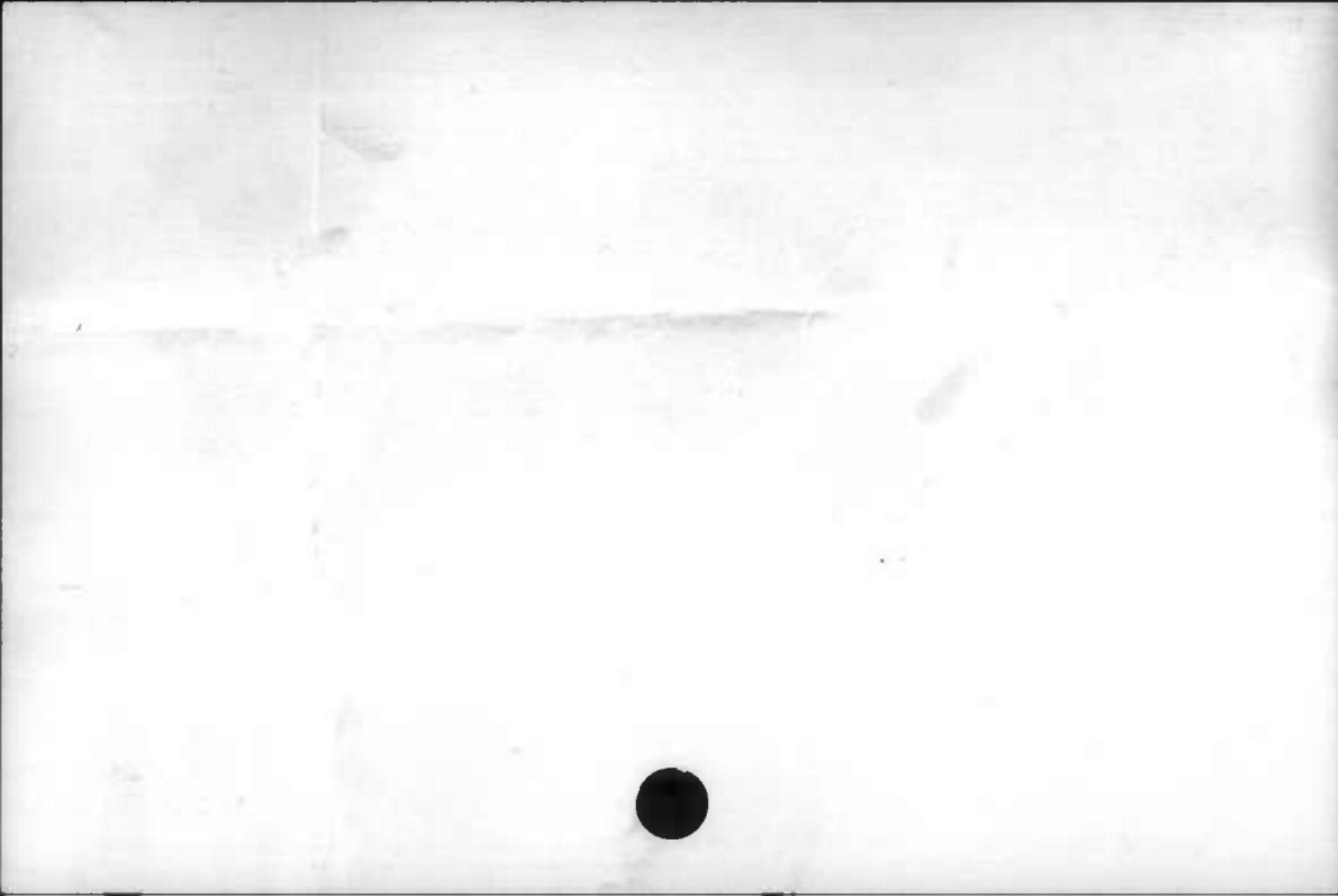
How long

1 year

How long

2 days

Montgomery  
Md



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

Caroline Jones

County

Montgomery

Date  
of death

Month

SEP 10 1909

Day

Years

84

Month

Days

Sex

Female.

Color or  
Race

Black.

Birth-  
place

Unknown

Occupation

Housewife

Where Residing if not  
at place of death



Married, Single  
or Widowed

Widowed.

Name of Wife or  
Husband

Peter Jones

Father's  
Birthplace

Montgomery Co. Md.

Father's  
Name

Serraria Davis

Mother's  
Birthplace

Montgomery Co. Md.

Mother's  
 Maiden Name

Mary Davis

How related  
to deceased

None.

Name of person giving  
Information

Chas Harris

CAUSES OF DEATH

66



How long

Primary

Unknown

How long

Immediate

Unknown (Said to have been Paralysis)

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

None in attendance

9

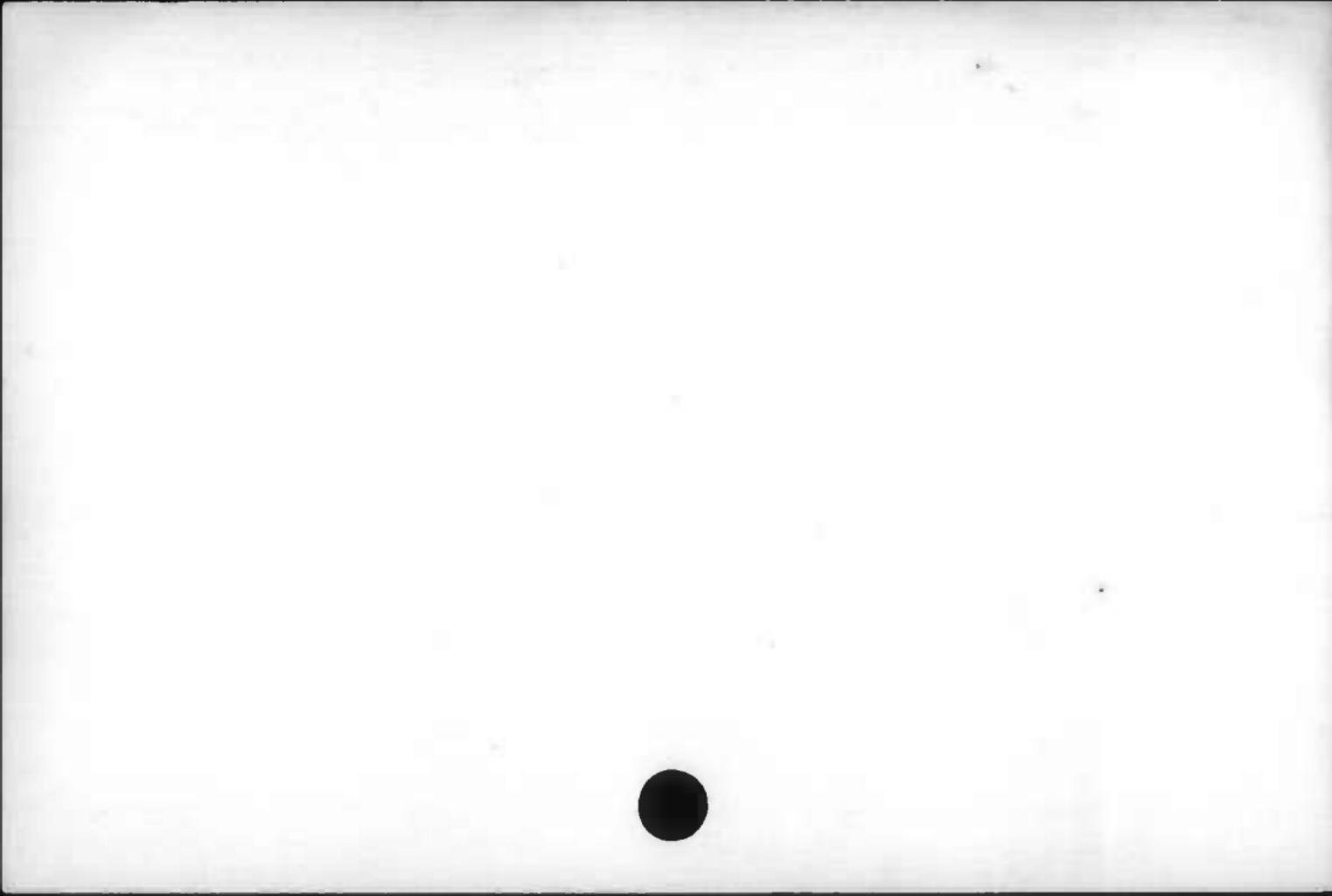
You  
Neither

Address

Reported by W.T. Clegg

Accident or Suicide

Potomac - Md.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Elijah Beck

Town

County

Died at Poolesville

Maryland

MARYLAND

Month

Day

Years

Months

Days

Date of death 1909 Sept 27

Age 90 years about

Sex Female Color or Race

Birthplace

MD.

Occupation

House cleaning

Where Residing if not  
at place of death

Some

Married, Single  
or Widowed

widow

Name of Wife or  
Husband

Henry Beck

Father's  
Birthplace

Jackson

Father's  
Name

Unknown

Mother's  
Birthplace

Jackson

Mother's  
Maiden Name

Unknown

How related  
to deceased

Grandson

Name of person giving  
Information

Richard Prothero

CAUSES OF DEATH

167

How long

Primary

Close board dashes

11 min

Immediate

Asphyxia by flames of fire

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

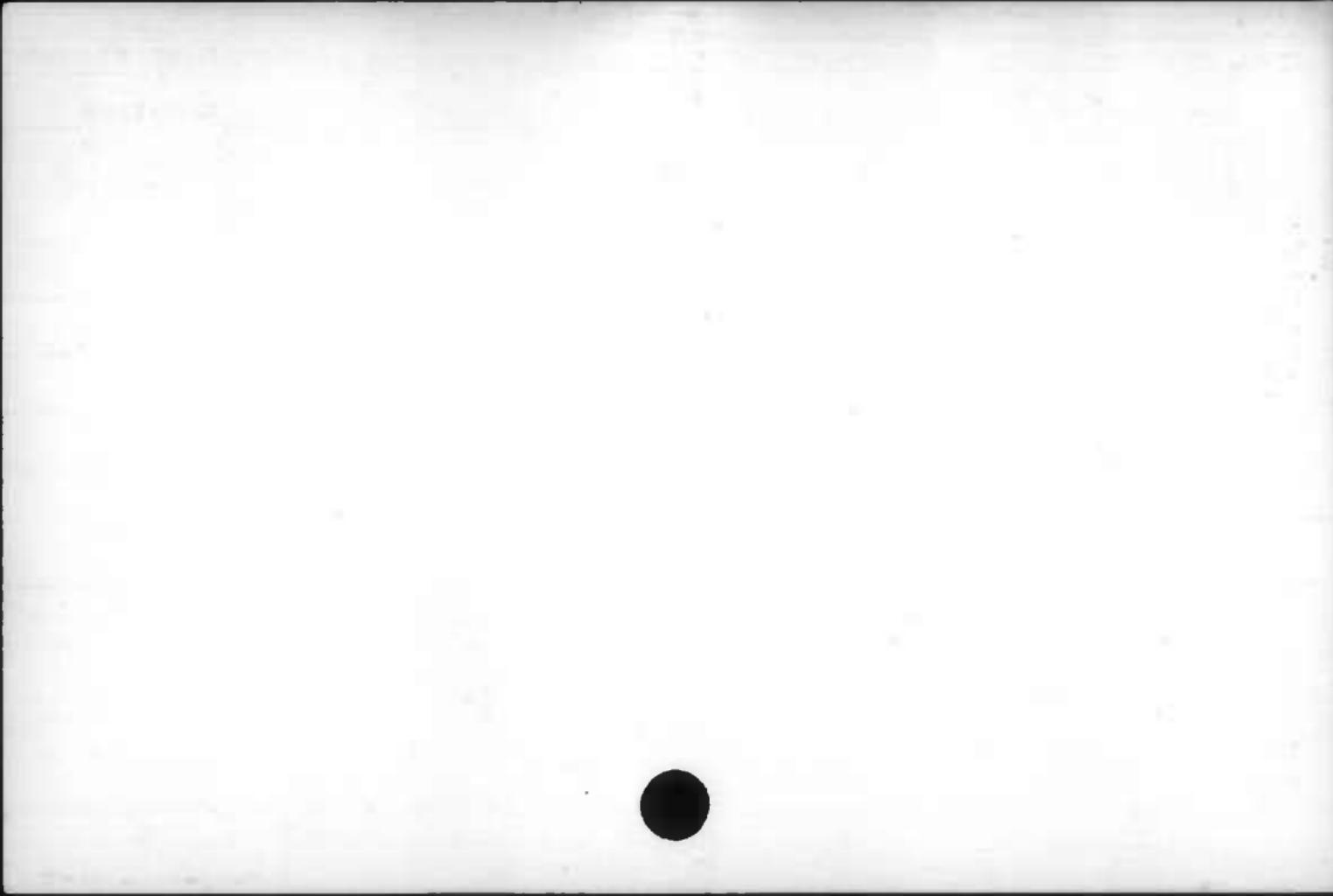
Signature of  
Physician

Address

EW White  
Poolesville  
MD

Accident or Suicide

accident



Name  
in  
Full

Minnie Lause Lincoln

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town	County				
Died at <u>Mary Elecusee</u>	<u>Montgomery</u>			<u>MARYLAND</u>	
Date of death <u>1909</u>	Month <u>Sept</u>	Day <u>23</u>	Years <u>33</u>	Months <u>4</u>	Days <u>14</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Montgomery Co</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Huband <u>Joseph H Lincoln</u>				
Father's Name <u>John Riggs</u>	Father's Birthplace <u>Montgomery Co</u>				
Mother's Maiden Name <u>Mary E Frazier</u>	Mother's Birthplace <u>Montgomery Co</u>				
Name of person giving Information <u>Joseph H Lincoln</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

119

How long

3 mon

How long

1 week

Primary

Acute nephritis

Immediate

Naenia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W H Dyeon  
Laytonville  
Md

Accident or Suicide



Name  
in  
Full

Harriet Lypoch.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County				
Die <sup>d</sup> at Seeger Park	Month	Day	Years	Months	Days
Date of death 1904	9	13	Age 80	—	—
Sex Female	Color or Race Negro	Birth-place Md.			
Occupation Domestic	Where Residing if not at place of death At Sugartown				
Mother's Name Widowed	Name of Wife or Husband Reason Lypoch				
Father's Name Patrick Melious	Father's Birthplace Md.				
Mother's Maiden Name Eliza Brown	Mother's Birthplace Va.				
Name of person giving Information Daughter - Harriet Melious & Daughter	How long related to deceased				

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Cholangitis

114

How long

3 wks

Immediate

Enteritis

How long

24 hrs

Are the name, age, sex, color, date and place correctly given above?

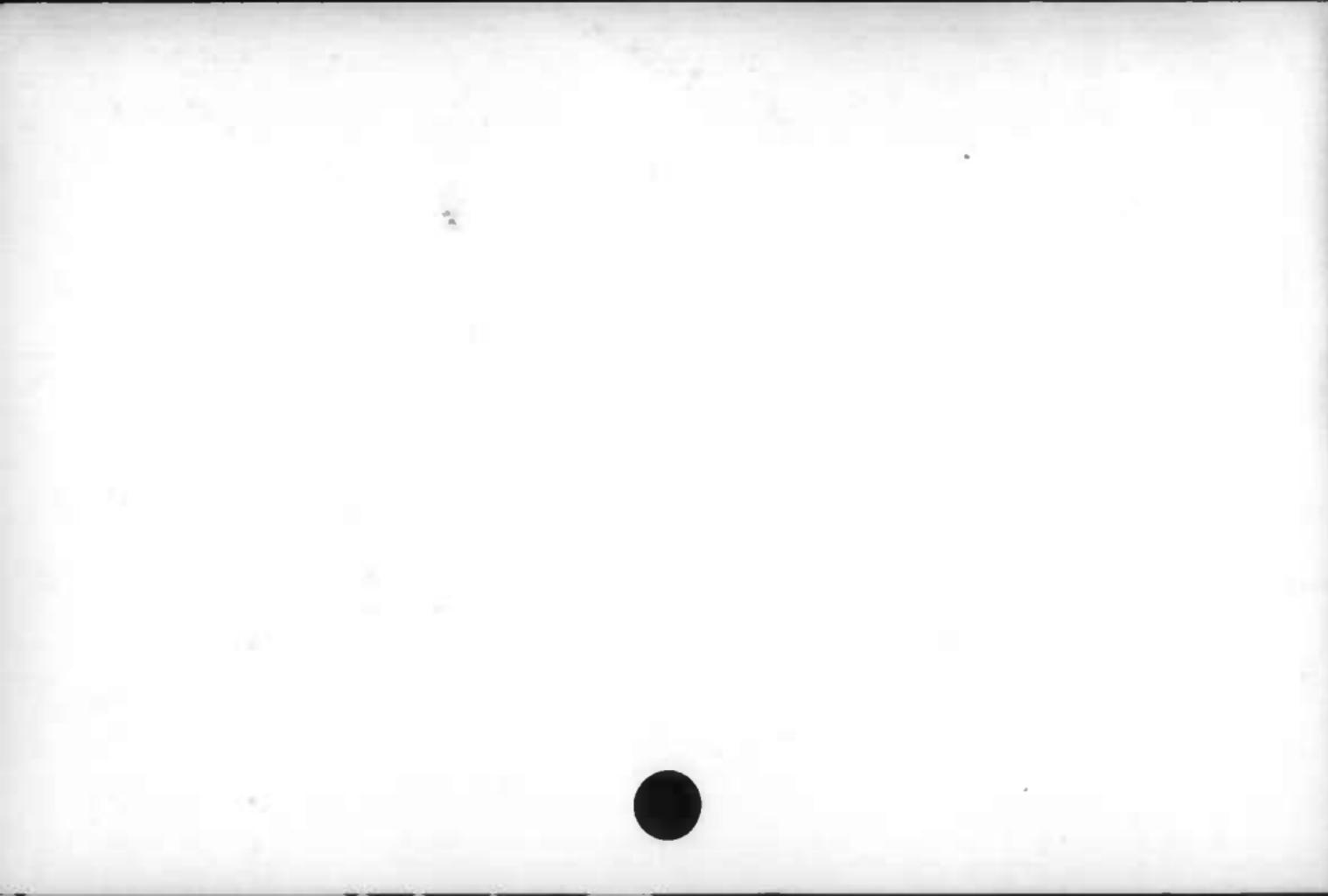
yes

Signature of Physician

Address

U. D. House  
Dawsonville Md

Accident or Suicide



Name  
in  
Full

William J Mockbee

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County					
Died at Dickerson	MONTGOMERY					
Date of death 1909	Month 9	Day 28	Age 73	Years	Months	Days
Sex Male	Color or Race White	Birth-place Brookville				
Occupation Shoe merchant	Where Residing if not at place of death Washington D.C.					
Married, Single or Widowed	Name of Wife or Husband Maggie S. Mockbee					
Father's Name Richard Mockbee	Father's Birthplace Brookville					
Mother's Maiden Name Margaret Mockbee	Mother's Birthplace " "					
Name of person giving Information Harry E Mockbee	How related to deceased Son					

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Hemiplegia Cerebral  
Cardiac asthma

Immediate

64

How long

141 days

How long 2 days

Are the name, age, sex, color, date and place correctly given above?

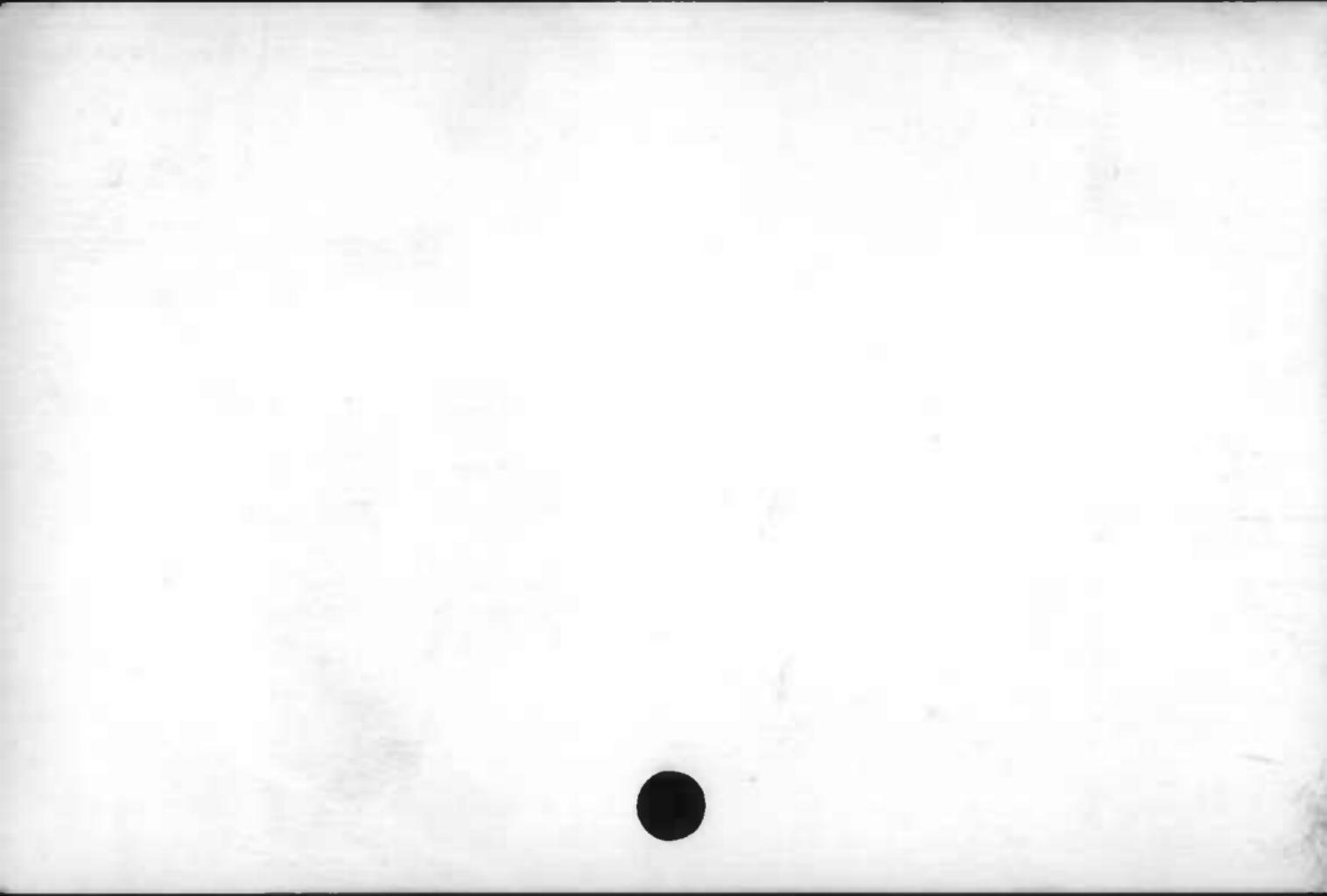
Signature of Physician

Address

yes

C. W. White  
Brookville  
Md

Accident or Suicide



Name  
in  
Full

Katherine Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1909	8	20	Age 27
Sax	Female	Color or Race	Birthplace
Occupation	Formerly Cook.		
Married, Single or Widowed	Name of Wife or Husband	Where Reiding if not at place of death	
Father's Name	Henry Moore	Father's Birthplace	Md.
Mother's Maiden Name	Margret. Prater.	Mother's Birthplace	Md.
Name of person giving information	Mother - Margaret Moore	How related to deceased	Mother

CAUSES OF DEATH

29

How long

3 yrs

How long

Primary

Tubercular peritonitis

Immediate

Asthma

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. D. House  
Dausonville Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

James Henry Naylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Bethesda	Montgomery		
Date of death	Month	Day	Years
1909	9	18	Age 34
Months		15	Months 14
Days			
Sex	Color or Race	Birth-place	
Male	Negro	Montgomery Co., Md.	
Occupation	Whara Reedling if not at place of death		
Wagon Driver	Tracey Celia		
Married, Single or Widowed	Name of Wife or Husband		
Married	George Wm Naylor		
Father's Name	Father's Birthplace		
George Wm Naylor	Montgomery Co., Md.		
Mother's Maiden Name	Mother's Birthplace		
Emily Shagnor	Montgomery Co., Md.		
Name of person giving Information	How related to deceased		
Emily Naylor	Mother		

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Typhoid Fever

(1)

✓

3 weeks

Immediate

Abortion & Exhaustion

How long

2 days

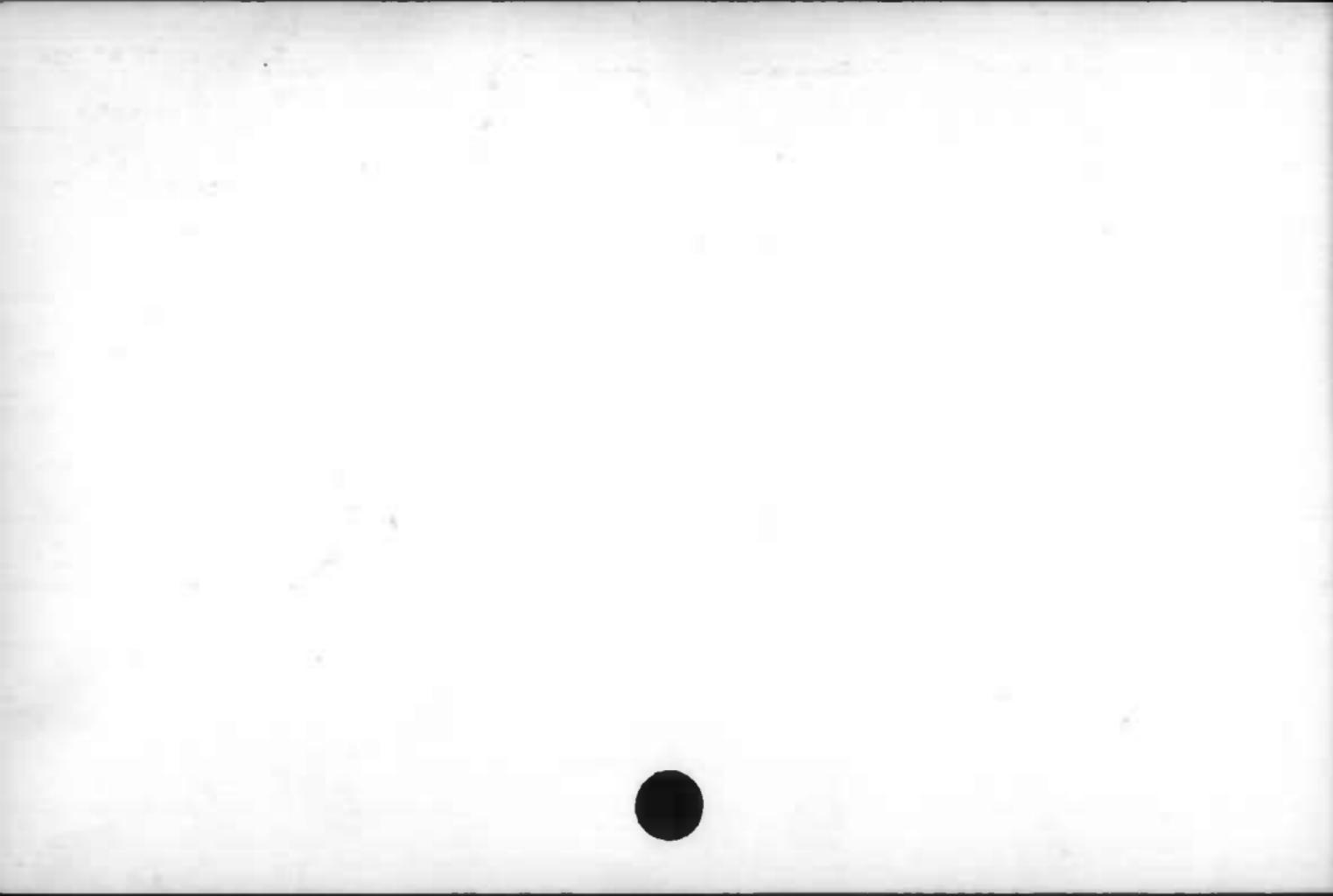
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John L. Louri, M.D.  
Bethesda, Md.

Accident or Suicide



Name  
in  
Full

Alice Norris

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
Sex	Female	Color or Race	Age	45	3	2	
Occupation	Where Residing if not at place of death					Va.	
Married, Single or Widowed	Married	Name of Wife or Husband	Geo. Norris				
Father's Name	Unknown					Father's Birthplace	Unknown
Mother's Maiden Name	"					Mother's Birthplace	Va.
Name of person giving information	Geo. H. Mann					How related to deceased	Marshall

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Valvular disease of heart*

79

How long

✓

2 yrs.

2 mos

Immediate *Ascites*

Are the name, age, sex, color, date and place correctly given above?

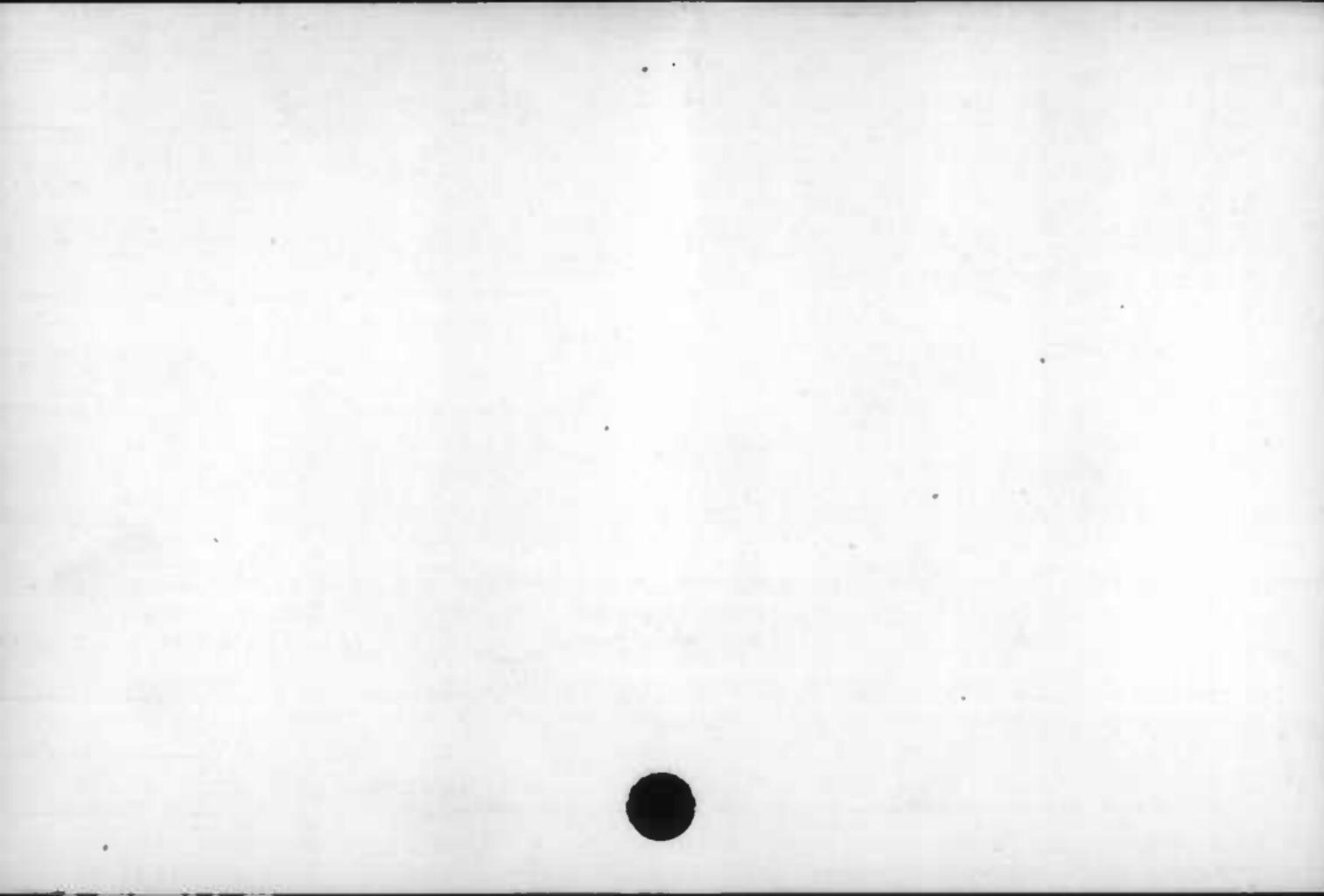
Signature of Physician

Address

H. T. Brown  
Silver Spring,  
Md.

Accident or Suicide?

Yes



Name  
in  
Full

Alice Rebecca Pease

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Age	Birth-place		
Occupation	Where Residing if not at place of death					-
Married, Single or Widowed	Name of Wife or Husband		James A. Pease			
Father's Name	Elias Delashawell					Father's Birthplace
Mother's Maiden Name	Eliza Michael					Mother's Birthplace
Name of person giving information	Frank Pease					How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Sunlight debility -

Immediate

Hypoxemia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

154

✓

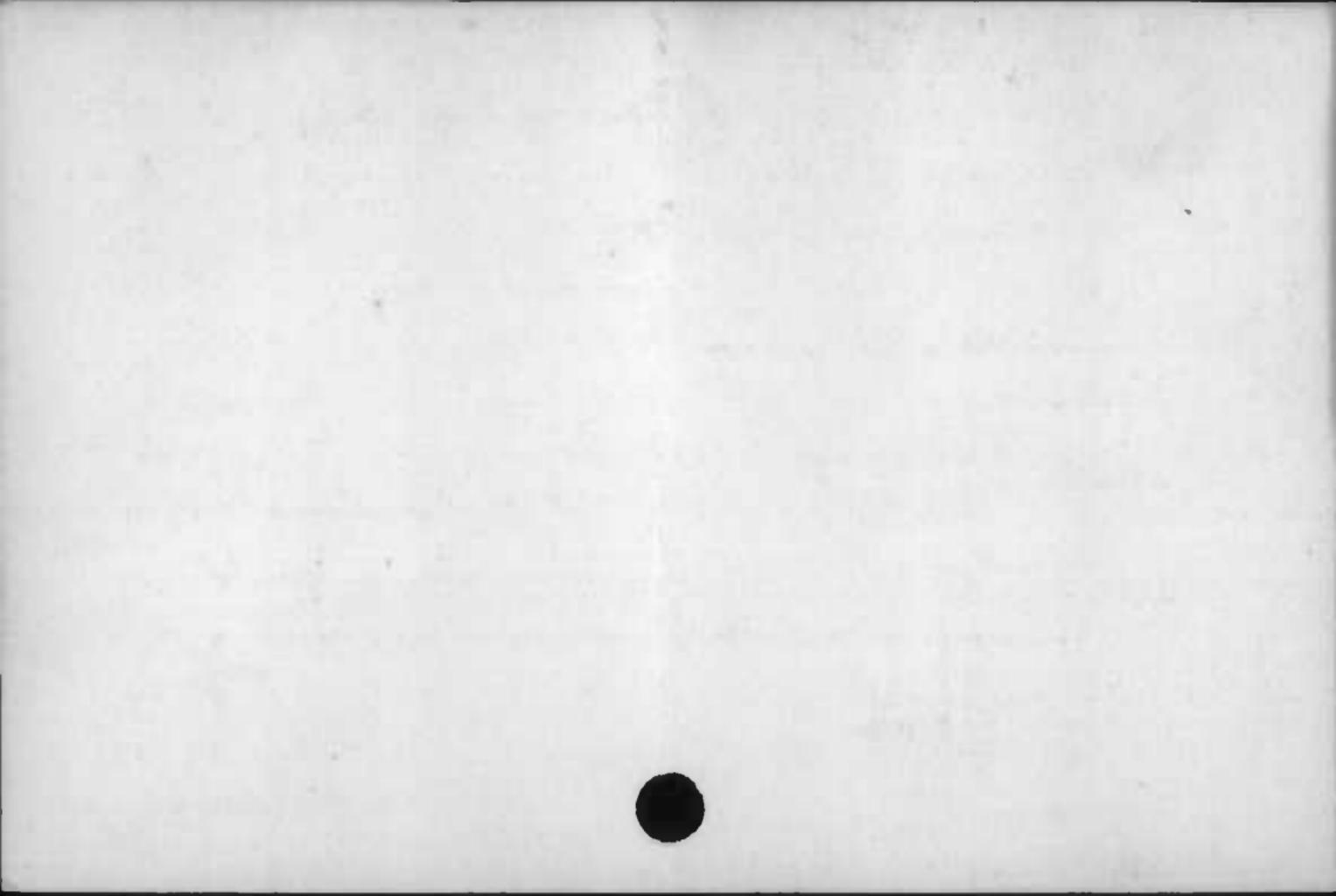
How long

How long

1 yr  
1 week

Igael  
Delashawell  
Md

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

unamed child of Richard Brashy

CERTIFICATE OF DEATH

MARYLAND

Town Pooberville County Montg.  
Died at Month Day Years Month Days  
Date of death 1909 Sept 30 Age — —  
Sex male Color or Race colored Birth-place Md  
Occupation Infant Where Residing if not at place of death —  
Married, Single or Widowed Single Name of Wife or Husband —  
Father's Name Richard Brashy Father's Birthplace Md  
Mother's Maiden Name Bietha Grapes Mother's Birthplace Md  
Name of person giving Information Richard Brashy How related to deceased Brashy

CAUSES OF DEATH

151

How long

How long

Primary

Prematurity Born 2 mo early

Immediate

Respiratory & cardiac distress

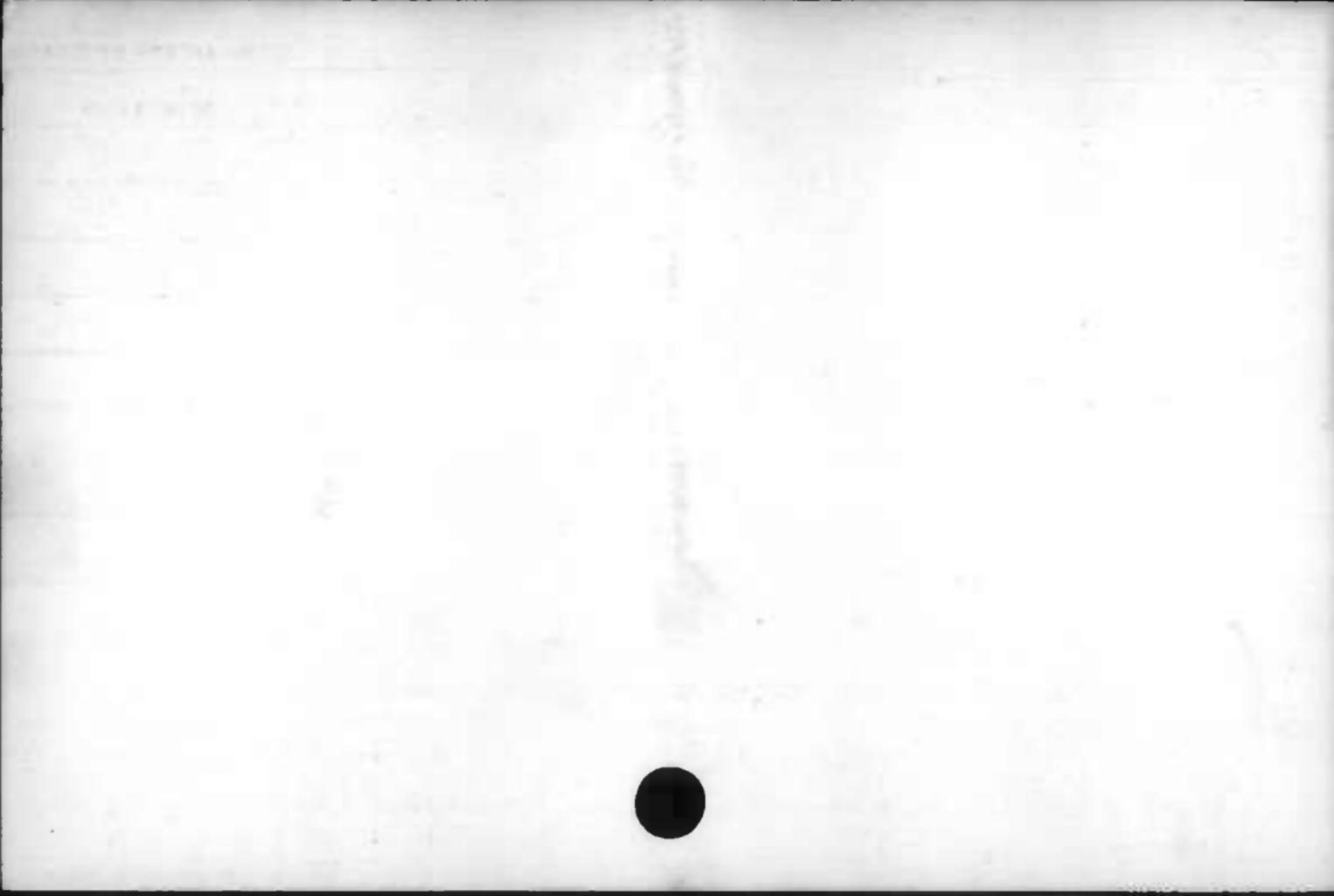
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicide



Name  
in  
Full

Eugene Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County				
Four Kings Hospital		Montgomery			MARYLAND		
Date of death	1909	Month 9	Day 16	Years 0	Months 1	Days 8	
Sex	Male	Color or Race	white	Birth-place	S.C.		
Occupation	white		Where Residing if not at place of death	✓			
Married, Single or Widowed	✓		Name of Wife or Husband	✓			
Father's Name	Unknown		Father's Birthplace	Unknown			
Mother's Maiden Name	Ida Reed		Mother's Birthplace	Unknown			
Name of person giving Information	Mrs. H.W. Kilkinney		How related to deceased	Suff Hospital			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Premature Birth

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

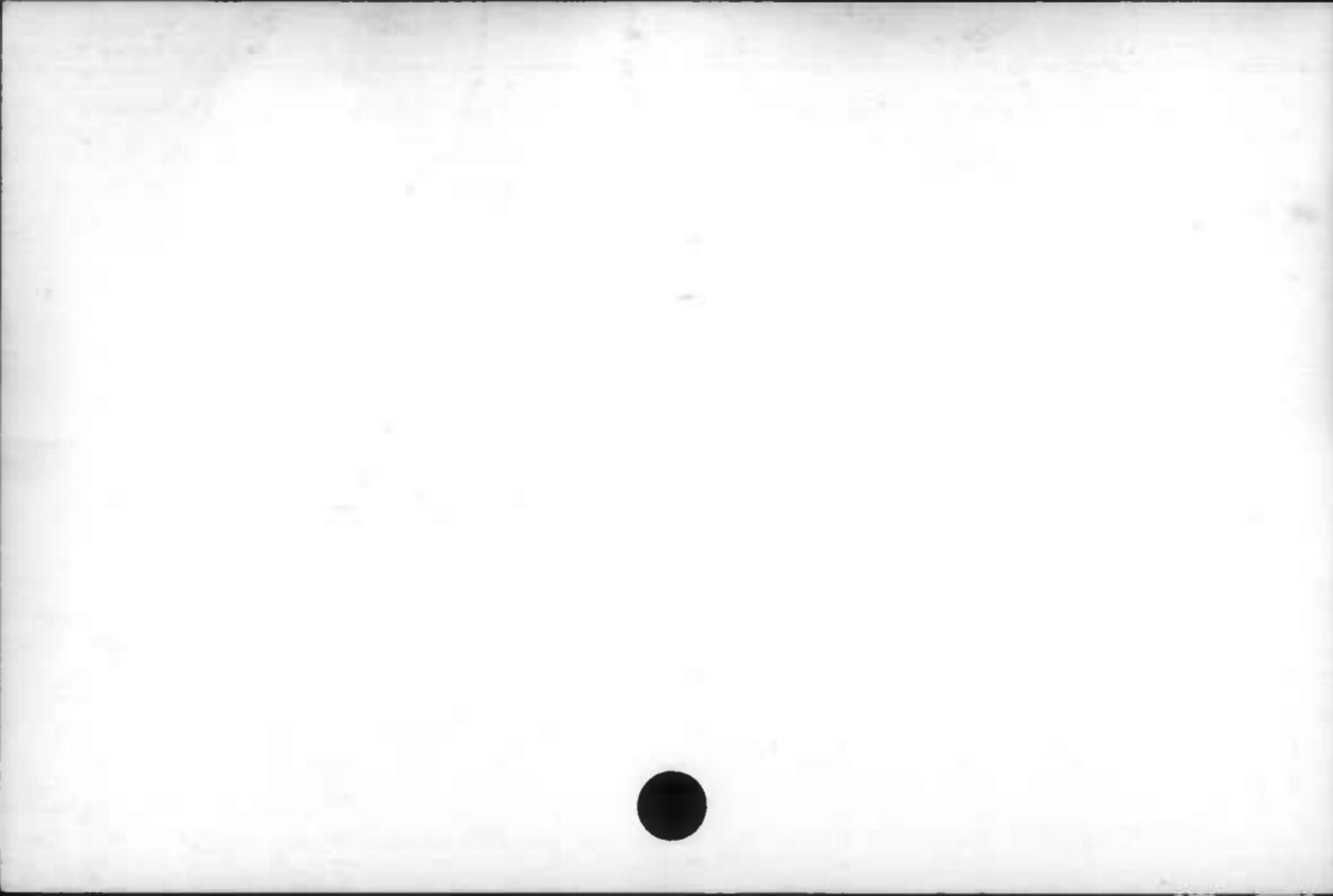
Address

151

How long

Accident or Suicide

John L Lewis, M.D.  
Bethesda, Md.



Name  
in  
Full

John Sewell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Age	Days
1909	Sept	28	yr
Sex	Color or Race	Birth-place	
male	Black	Rockville	
Occupation	Where Residing if not at place of death		
None			
Married, Single <u>or Widowed</u>	Name of Wife or Husband	Father's Birthplace	Md
Frank Sewell			
Mother's Maiden Name	Rosetta Brown	Mother's Birthplace	Md
Name of person giving Information	Frank. Sewell	How related to deceased	Father

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary

Inanition

How long

5 days

Immediate

Exhaustion

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Died without attending physician

Address

C. H. Mannas  
Health of Md.  
Rockville, Md.

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Shipley

CERTIFICATE OF DEATH

Died at or near		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1909	Sept.	19	—	—	—	
Sex	Female	Color or Race	Colored	Birth-place	Montgomery Co. Md.	
Occupation	None	Where Residing if not at place of death			—	
Married, Single or Widowed	—	Name of Wife or Husband	—	—		
Father's Name	Smith Shipley			Father's Birthplace	Md.	
Mother's Maiden Name	Mary Wren			Mother's Birthplace	Va	
Name of person giving information	Mary Wren			How related to deceased	Mother	
CAUSES OF DEATH						
Primary				How long	8	
Immediate	Still Birth			How long	✓	

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

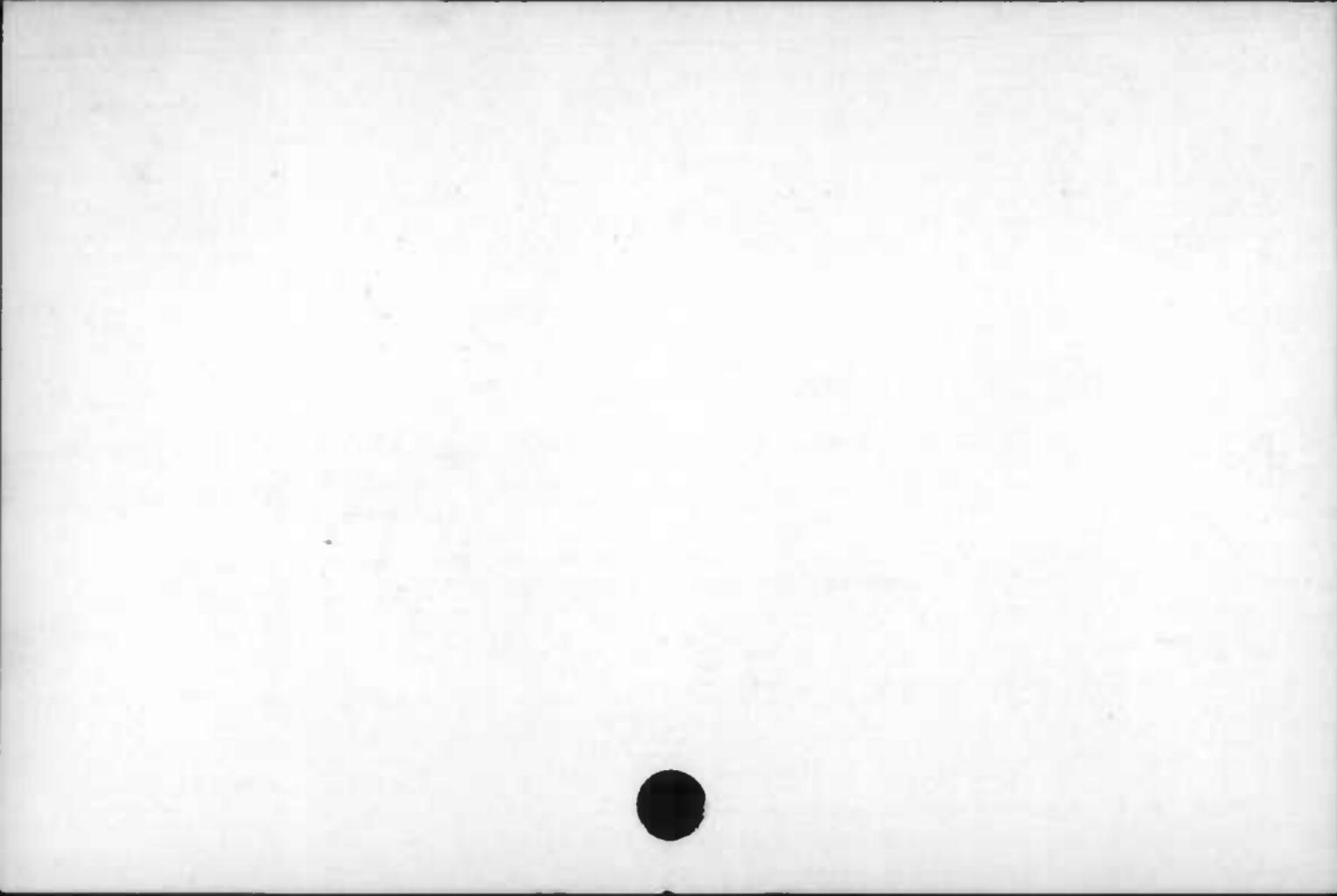
Signature of Physician

W. F. Green

Address

Brooksville, Md

Accident or Suicide?



Name  
in  
Full

Emma Sigemore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Died at County  
Assembly Hospital Montgomery MARYLAND  
Month Day Years Months Days  
Date of death 1909 9 9 0 15 14  
Sex Female Color or Birth-place  
Occupation place ✓  
Where Residing if not at place of death ✓  
✓

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Walter Sigemore

Father's  
Birthplace

Maryland  
D.C.

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Mr. H. R. Bellamy

How related  
to deceased

Sept. Hospital

CAUSES OF DEATH

179

How long

about 3 mo

How long

1 day

Primary

Measles

Immediate

Edema

PHYSICIAN  
OR CORONER

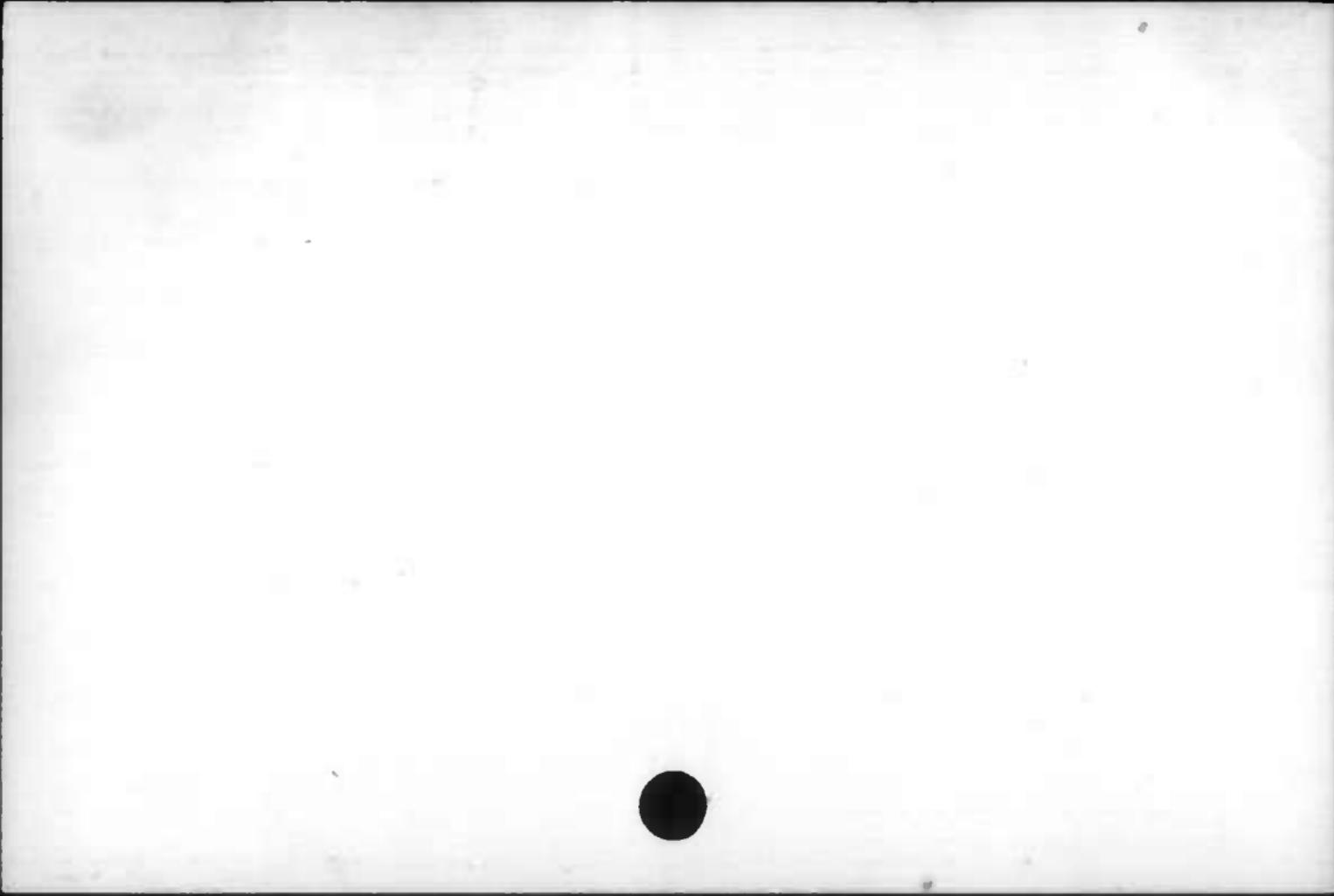
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

John L. Lewis M.D.  
Bethesda, Md.

Accident or Suicide



Name  
in  
Full

Baby Workman - (unnamed)

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Age	Years Months Days
Sex	male	Color or Race	white	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Dr. D. Workman			Father's Birthplace
Mother's Maiden Name	Mabel E White			Mother's Birthplace
Name of person giving information	Dr D Workman			How related to deceased

CAUSES OF DEATH

176

✓

PHYSICIAN  
OR CORONER

Primary

Injuries at birth - ~~seen~~

How long

(long labor)

Immediate

Convulsions -

How long

24 hours -

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Lauretta Kress -

As far as I am aware

Address

Takoma Park -

Accident or Suicide?

L.M. Moore - Registrar Takoma Park, MD.

